

## **Travel Reimbursement Form**

- 1. Travel Reimbursement Forms must be submitted by the Monday before payday to Cheryl Heldt at <a href="mailto:cheldt@mt.gov">cheldt@mt.gov</a> or to Cheryl Heldt, OPI Title I, PO Box 202501, Helena, MT 59620-2501
- 2. Please attach *original* receipts. No travel reimbursement forms will be submitted without original receipts.
- 3. Performance Data Reports (PDR) must be completed before travel reimbursement forms will be turned in for reimbursement.

**Rudget #: 658** 

4. Complete one travel reimbursement form for each trip.

Name:

				Baaget #	. 000	
Destination:						
Point to Poi	nt Travel:					
Means of Tra	avel:					
	 Ггір:					
	ate:					
Completion Date: Completion Time:						
Did you visi	t schools? Yes	No _	Sc	chool:		
Meals provid	ded at no charg	je to you:				
List below i	meals purchased l	by you for reimbu	ursement - Per die	m: Breakfast = \$	\$5 Lunch = \$6	Dinner = \$12
Date	Breakfast	Lunch	Dinner	Mileage	Hotel	Other
Totals	\$	\$	\$		\$	\$
Signature	· :	•	Da	ate:	•	